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De Gruyter Open  
2019

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Suhonen , E , Takala , M , Alijoki , A & Viljamaa , E 2019 , Children with and without disabilities in Finnish early childhood education . in M Westling Allodi & T Zappaterra (eds) , *Uusi Käyttäjien Tarpeiden Raportti Pelistä Vammaisten Lasten Vanhemmille* : Parents' Needs Report on Play for Children with Disabilities : Parents' a De Gruyter Open , Berlin , pp. 84-94 . <https://doi.org/10.1515/9783110537482-008>

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<http://hdl.handle.net/10138/306246>

<https://doi.org/10.1515/9783110537482-008>

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## **7 Children with and without disabilities in Finnish early childhood education**

This chapter focuses on the Finnish system with regards to early childhood education and deals with research on special needs and play.

### **7.1 Public health care services for children with disabilities**

In this section we introduce the main public health care services to all families in Finland.

#### **7.1.1 Child and family policy in Finland**

Pregnant mothers are available to start maternity leave from 50 to 30 working days before the delivery and the duration of maternity leave is 105 working days. After that either the mother or the father is able to stay at home with the parental allowance for 158 working days. Also fathers have the possibility to take the entire 54 working days of paternity leave when the mother is not on maternal leave. (Ministry of Social Affairs and Health, 2013.) Every pregnant mother gets a maternity grant. They can choose if they want to have it cash or as a maternity package which contains clothes and child care items needed for a new-born child. In addition to this, a child benefit is paid by the state every month to all children under the age of 17. The amount of it depends on the number of children in the family. Depending on family's size and income some families can get housing support or social assistance from Social Insurance Institution (Ministry of Social Affairs and Health, 2013.)

#### **7.1.2 Child welfare clinic**

In addition to a well-organized and rather cheap daycare system, we have a well-structured child welfare clinic-system, where all parents with small children visit regularly and receive advice how to promote the development of their child. It has existed from 1920 on and it is totally free. Pregnant women receive advice and the progress of the pregnancy is followed there. Fathers are also welcome to the welfare clinics. After the child is born, the parents and the child visit the clinic regularly until the child is at school age (7 years) (Ministry of Social Affairs and Health, 2013).

In Finland children ages 1-5 attend regularly child welfare clinic where children who might be at-risk for learning disabilities are identified. Central Union for Child

welfare has summarized the services for the child with special needs and his/her family (Ministry of Social Affairs and Health, 2013).

According to the Finnish law (Finnish Disability Act 1987) about services and support based on disability, a disabled person is someone who has difficulties in daily issues because of an illness or a disability. The responsibility to organize the services in the extent that is needed is given to municipalities (3§). In addition we have a law regulating the support given to persons with intellectual impairment (Law about special services for Intellectually impaired 1977/519).

Social welfare and health care professionals provide support and information for the parents of children with disabilities. Child health clinics follow children's development at regular intervals. We consider it important to identify delays and challenges in development as early as possible (Ministry of Social Affairs and Health, 2013).

Children's medical, educational and social rehabilitation begin immediately when children have got diagnosis. Child health clinics support also children's families. Children with severe disabilities are entitled to medical rehabilitation organized by the social Insurance Institution. The authorities draw up a service plan together with the parents, covering all the services and assistance needed by the child and serving as the basis for making decisions. The parents of children with disabilities are eligible for various financial benefits from the Social Insurance Institution. Family's size and income determine the fees of day care (Ministry of Social Affairs and Health, 2013).

Early intervention services take place in child care (mainly kindergartens and family day care), in child welfare clinics, in social work and in therapy. (Rantala, Uotinen, McWilliam 2009). Finnish children with disabilities attend all those different daycare forms mentioned before, depending on their own situation, on the possibilities the municipal has to offer and on parents' wish.

In addition to the official systems, we have several associations that also promote the wellbeing of young children with disabilities. The Finnish Association on Intellectual and Developmental Disabilities (FAIDD) is a non-profit, non-governmental organization that promotes good life, equality and participation for persons with intellectual disabilities and others who need support with learning, understanding and communicating (FAIDD, 2015).

## 7.2 Early childhood education services

In this section we are presenting children's possibilities to take part to early childhood education as well as preschool education. In Finland preschool takes only one year when children are at the age of six.

### 7.2.1 Daycare and preschool education services

Organization of day care and early childhood education and care (ECEC) is guided by the Ministry of Education and Culture. In 2015 we have received a new law to ECEC, but its precise content is still preliminary. The ECEC includes elements of education, teaching and care. Our National Curriculum Guidelines on Early Childhood Education and Care in Finland (Finnish National Board of Education, 2016).

All children under school-age have a subjective right since 1996 to early childhood education and care (ECEC). Local authority has to provide to every child under compulsory school age opportunity to day care, once the parental leave period ends. That right lasts until the primary school (at the age of seven) starts. The fees are based on family size and income level. The options families can choose from are a) municipal or b) private day-care center or c) in the home of a family day care provider. The pre-school year, which is one year before elementary school, is free of charge (Finnish National Board of Education, 2016.) Families can also take care of their child at home themselves and in this case they receive child home care allowance. This implies to children until the age of three (Ministry of Social Affairs and Health, 2013).

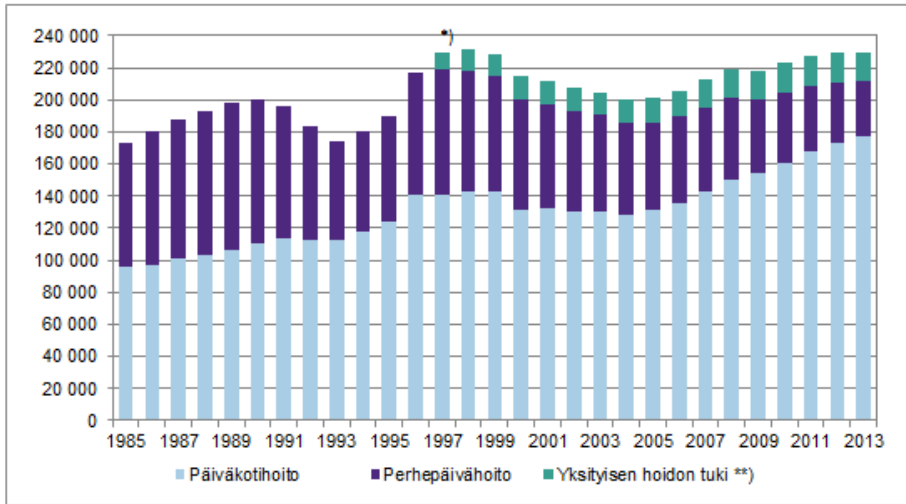
Preschool education is organized in day care centers and schools. The length is one year before the basic education. Education is based on a local curriculum drawn up within the framework of the National Core Curriculum for Pre-primary Education (2010). From August 2015 it has been compulsory for all children. Children who have elongated compulsory education have two years pre-primary school and they can start it at the age of five. Most of these are children with severe disabilities (Finnish National Board of Education, 2016).

### 7.2.2 Some statistics

In 2013 together 58.134 children were born in Finland. Finnish population was 5471753 inhabitants in 30.12.2014. Together 229 000 children were at a municipal daycare (74%) or privately taken care (8%), mainly at home or in private settings in 2013. Children in day care attend it mainly the whole day. Children under 1 year old are mainly taken care at home (Figure 1).

In 2010 8,3% of children who attended day care had some special needs. The support services offered for them consisted of following: pedagogical support, special education group in day care, the child or the group has an assistant or the services of early special educator are available (Laaksonen & Lamberg, 2014).

We don't have exact statistics regarding children with disabilities in Finland. For example, in our capital city Helsinki of all children in day care we had 5.7% of children with special needs in 2013. According to an ongoing study (Suhonen et al., 2015) about 20% of children with special needs have different kind of disability.



**Figure 1:** Amount of children in municipal (light blue), family day care (violet) or at private care (green, usually at home) during 1985–2013

There are some figures of certain groups of disabled children born yearly: about 70 children with a Down syndrome, around 600-1000 children damaged by mother's alcohol use, about 500 children with a heart disease, 100-120 children with CP, 50-60 deaf children are born yearly. All these children have different needs and their development has special features. However, all children want to play in one way or another.

## 7.3 Early childhood special education

In this section the focus is on play and children with special needs just on the age group who receive early childhood special education.

### 7.3.1 Inclusive education

Inclusive education is an approach to educate students with special educational needs in regular daycare and in regular school. Early Childhood Education (ECE) is also committed to the inclusive philosophy and the model to support children in ECE based in the model of The New Special Education Strategy which was launched by the Ministry of Education in 2007 (Ministry of Education 2007). It concerns mainly basic education not directly the early childhood education, but the inclusive principle

is central in both. Municipals have made their own strategies of inclusive early childhood special education based on this Strategy of Special Education (2007).

The strategy in education including Pre-primary Education introduces a 3-tiered student support model (general, intensified, special support) which includes a new phase *intensified support* between general and (officially decided) special support (Ministry of Education 2007; KELPO, 2011).

*High quality basic education* refers to the support that every child receives in schools. The idea behind is that good quality education perceive variation of children's needs. If that is not enough and the child needs something more and somewhat different, the teacher has to do a pedagogical evaluation and discuss with colleagues, parents and the child what kind of support is needed. Then a *personal learning plan* needs to be written. This means the child starts to receive *intensified support*. If the child still needs more intensive and different support in addition to what is described in the pedagogical evaluation, it is possible to do a psychological or medical evaluation. Based on their results and discussions with all stakeholders, the child has the right to receive *special support*. He/she is also entitled to an *individualized learning plan* (IEP) (see also Suhonen & Nislin 2012).

According the law of Early Childhood Education (2015) all children in early childhood education would have an individualized education plan including the child's special needs. The model of three step support system is used in Finland also in early childhood education although it is not prescribed by the law of Early Childhood Education.

### 7.3.2 Some examples of assessments and interventions programs

In this section we are focusing in some assessments and interventions program which are using in Finland in early childhood education.

#### 7.3.2.1 Intervention program focusing all children

In inclusive settings we have developed Pedagogical Sensitive intervention (PedaSens). Previous research has demonstrated that a child seems to benefit from a number of day care-group relationships that are fostered in co-operation with other children and adults (Grossmann & Grossmann, 2008; Siegel, 2014). Positive relationships are formed when the adults stay in interaction with the child and responds sensitively to the needs of the child as well as to the whole group. PedaSens consists of providing theoretical information and video guidance about sensitive interaction, and supervision between the trainer and professionals of early childhood education (Harkoma, 2016).

Another program we have used in children from five to seven based on the MindUp™ program (Sconert-Reichl & Lawlor, 2010). In Finland it is called Young

Learning Mind (POM)<sup>4</sup>. The program is designed to improve children's understanding about their functional brain; to enhance awareness of changes in internal states, to expand the ability to regulate stress response induced behaviors, to boost social collaboration, empathy, and kindness. The program lasts for 30 weeks and is implemented as a part of municipal early education curriculum (Sajaniemi, Nieminen, Suhonen & Harkoma, 2016).

### 7.3.2.2 Intervention programs focusing children with special needs

There are some intervention programs as Kili<sup>5</sup> (Isokoski et al. 2002) which are made to combine language and motor skills training. In Kuttu<sup>6</sup> (Kähkönen et al. 2002) children use pictures as a support of the communication and play. These programs have been evaluated so that they are effective, there is a response to intervention. In the study of the effect of KILI (Sajaniemi et al. 2010) a significant and positive effect on non-verbal performance and play behavior was found.

PRT (Pivotal Response Training) is used with autistic children. In this program the main aim is to practicing communication, behavior, play and social skills in children's natural learning environments (Koegel & Koegel 2006). In Finland we have had a project (started in 2005) by Honkalampisäätiö, where PRT program has been modified to Finnish circumstances and new supervisors have been educated (Hyytiäinen, Kinnunen, Timonen, & Ylönen, 2008).

Finnish legislation promotes early childhood education and welfare by offering services with low prices. Services are available all over Finland. However, not very much research on play exists.

## 7.4 Some examples of assessment and intervention programs

The Portage Programme is one of the services offered by the Child Development Programme. This program is originally a home-based teaching programme for children ages birth to four who have special needs. In day care centers we use the The Portage Programme in Day Care (Saarela & Pietiläinen, 2001) which is developed in FAIDD and it based on The Portage Classroom Curriculum (1978).

The program VARSU (Kovanen, 1998) is based on the Assessment, Evaluation and Programming System for Infants and Children (AEPS) (Bricker & Pretti-Fontczak, 1996). This program is a curriculum-based assessment/evaluation system designed

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4 POM comes from Finnish words Pieni Oppiva Mieli (Young Learning Mind)

5 Kili (young goat) comes from Finnish words "kieli" (language) and "liikunta" (physical exercise)

6 Kuttu (young sheep) comes from Finnish sentence "kuvin tuettu leikki" (supporting play with pictures)

for use with children from birth to 6 years who have special needs or are at risk for developmental delays.

## 7.5 Summary of the nine play studies in Finland

In this section we will present nine Finnish studies about play. In all of them play is somehow in a focus and the perspective is in the children with special educational needs.

### 7.5.1 Background of the studies

The findings represented in this report are based on Finnish research between years 2006-2015. Four of them are PhD dissertations (Alijoki, 2006; Suhonen, 2009; Korkalainen, 2009; From, 2010) and two are peer reviewed research article (Pihlaja, 2009; Suhonen et al. 2015). In addition, there are two master thesis (Heiska & Kallio, 2008; Niska, 2015) and one large report of children's participation in early childhood education when they have special needs (Hujala, 2011). Participants in these studies were mainly young children from three to seven (66.7%). Both infant and toddlers as well school children were represented in a same level (both 22.2%). Methods that had been used in these studies were interviews, surveys, observations, questionnaires and videotaping. One of the studies was a meta-study of scientific articles and one was a narrative study.

### 7.5.2 Users' needs

All in all we could say that children with special educational needs (SEN) express desire to play with others. However, they felt lonely. This might be due to the lack of social competence, lack of opportunities meeting and contacting other children or some other reason. Results clearly revealed that children with SEN had significantly less social communication, more reticent behavior and more solitary passive play. In some studies SEN children in mainstream groups did not feel they fit in. Many of the children with SEN needs use Augmentative and Alternative Communication (AAC). When using pictures or picture folders the children were more motivated and more engagement to play.



### 7.5.3 Barriers to play

Children with SEN need more positive feedback and assurance that they are accepted. Children played significantly more in special groups than in mainstream groups. Teachers in mainstream groups did not recognize play interventions and they did not understand the meaning of play in rehabilitation as well as special teachers did. The lack of knowledge and lack of theoretical background of play influenced that kindergartens teachers had not enough skills to support and guide the play of children with SEN.

In many studies the meaning of sensitive adult seems to be one of the main issue to support children's play. The practitioners' sensitiveness to child's initiatives had twofold meaning; it is both preventing way to support children's participation to play and it helps children with SEN to engage in play.

Most of the children had poor language skills or they did not speak at all. Also the skills of social communication were weak. Children with SEN had difficulties to join the play and often they just looked at others' play or they withdrew from the play completely. Because of these reasons they had very few possibilities to rehearse the skills needed in play. Children with SEN needed also more instruction how to use toys.

### 7.5.4 What facilitators help children to play?

In Finnish studies it seems to be very a common recommendation that we need to increase play possibilities between children with and without special educational needs. Inclusive early childhood education might be the best way to do that. That demands well educated staff in early childhood education (e.g. day care centers). Educators in mainstream groups need more support for their own work.

In many studies the highlights were in adults' competence. These studies suggest more training to educators and more knowledge about special education and special needs for those who work in early childhood education. More attention should be paid to the fundamental task of early childhood education; how to guide children in play. Teaching should be an interactive process where, in joint play episode, turn taking, questions, requests and comments are jointly shared. Also some of the recommendations expressed that interventions should focus on increasing adults' sensitivity to notice children's initials and observe children's' needs in play.

In one study (Suhonen et al., 2015) they recommend more Developmental Social-Pragmatic approaches (DSP), where the focus is on social communication including both verbal and non-verbal communication and social engagement. How to do things together needs to be taught to many children with SEN.

### 7.5.5 Concluding remarks

The reliability of the quality of these studies varied from medium to high. Even the master theses were quite high level according to their evaluation criteria. Many kinds of methods had been used and also the mix method approach had been employed in some studies. In all these studies the ethical issues were identified and discussed. One of the studies had quite a high bias because only few people were interviewed and they all come from the same institute (Korkalainen, 2009).

## 7.6 Discussion

Parents of children with and without disabilities in Finnish early childhood education have several options to choose. The child can stay at home until the age of seven when it is time to go to school. The child can also attend an ordinary, an integrated or a special day care group. All this is quite cheap and the majority of families prefer municipal day care. However, there are also private day care centers, together 8% of children attending day care were in a private center in 2012 (Laaksonen & Lamberg, 2014). Some choose them. Nevertheless, in all these institutes the staff has been trained so that the value of play is unquestionable. The pedagogy needs to be child-centered and continuous contacts with parents are underlined.

The inclusive principles like participation, equality, liberty and democracy are underlined and form a basis of the action (see Hausstätter, 2013). Of course individual institutes or people working in them can sometimes act in a different way, but these are the common guidelines. However, it is not always easy to make inclusion and equal play opportunities come true. There are still barriers for playing, many of them invisible, on attitudes of adults around. Our task is to remove these attitudes.

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